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Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I | | | | | | SMALL ENTITY OTHER THA | | | 4 | |
|--|--|---|-------------------|---|------------------|------------------------|------------------------|-------|----------------|------------------------|
| _ | | | olumn 1) | (Colur | | TYPE [| | OR | SMALL | ENTITY |
| FO | R | NUMBE | R FILED | NUMBER E | XTRA | RATE | FEE | | RATE | FEE |
| ВА | SIC FEE | | | | | 10 | 345.00 | OR | | 690.00 |
| то | TAL CLAIMS | 66 | minus 20: | = * 4/6 | | X\$ 9= | | OR | X\$18= | 828 |
| INDEPENDENT CLAIMS minus 3 = * | | | | | | X39= | | OR | X78= | 858 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | OR | +260= | 260 |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTAL | | OR | TOTAL | 2,636 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | | OTHER SMALL | |
| AMENDMENT A | A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| N N | Total | 4to | Minus | 66 c | 0 | X\$ 9= | | OR | X\$18= | |
| AME | Independent . | 14 | Minus | *** 14 | | X39= | | OR | X78= | |
| \vdash | FIRST PRESEN | TATION OF MI | JUITPLE DEPE | INDENT CLAIM | | +130= | | OR | +260= | |
| | | | • | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | |
| AMENDMENT B | B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL EEE |
| | Total * | 45 | Minus | 66 | = | X\$ 9= | | OR | X\$18=/ | |
| | Independent | 13 | Minus | ···/ / | = | X39= | | OR | X/8= | |
| | FIRST PRESEN | ITATION OF MI | ULTIPLE DEPE | NDENT CLAIM | l | / 130= | | OR⁄ | +260= | |
| | | | | | | TOTAL | - | OD | TOTAL | |
| | | 7 | | | 0 | ADDIT. FEE | | JO. 1 | ADDIT. FEE | |
| | | (Column 1) CLAIMS | T 20 1 1 1 | (Column 2) HIGHEST | (Column 3) | | | | | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | | Minus | ** | = | X\$ 9= | | OR | X\$18= | |
| | Independent | • | Minus | *** | = | X39= | | OR | X78= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | <u> </u> |
| | | n 1 in lace that the | no ontry in only- | n 2 write "N" in ~ | lumn 3 | +130= | | OR | +260= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | |

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE | 1/Patent | : 89 | 583087 | | | |
|--|-----------------------|-----------------|--|--|--|--|
| Date of Requeses | APAPER | 5 DATE FILED | 6 AMOUNT | | | |
| Please refund the following fee(s): | NUMBER | 11225 | \$ | | | |
| Filing | | | \$ | | | |
| Amendment | | | \$ | | | |
| Extension of Time | | | \$ | | | |
| Notice of Appeal/Appeal | | | \$ | | | |
| Petition | | | \$ | | | |
| Issue | | | \$ | | | |
| Cert of Correction/Terminal Disc. | | - | s | | | |
| Maintenance | | | \$ | | | |
| Assignment / | | | \$ 130 | | | |
| x other (704) | | NOTIME | 10 | | | |
| | 7 TOTAL OF RE | FUND | \$ 130 | | | |
| | 8 TO BE REFUNDED BY: | | | | | |
| | Treasury Check | | | | | |
| 10 REASON: | Credit Deposit A/C #: | | | | | |
| Overpayment Payment | 9 | 19 | 2389 | | | |
| Duplicate Payment No Fee Due (Explanation): | T | | | | | |
| No Fee Due (Explanation) | | | <u> </u> | | | |
| BEST AVAILABLE CO | ΡΥ | | | | | |
| | | | | | | |
| 11 REFUND REQUESTED BY: | | TITLE: | of Sylv | | | |
| TYPED/PRINTED NAME: SIGNATURE: | | PHONE: | 1 | | | |
| ************************************** | _ DATE: | 9/6 | ************************************** | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)

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| | PATENT A | APPLICATIO Effect | N FEE D | | | ON RECO | RD | At | oplication | or Do | ocket Num | ber |
|--|--|--|-----------------|-----------------------------|-------------------------------|--------------------------------------|-------------------|---------------------|------------------------|-------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Co | | | | | | mn 2) | SMALL ENTITY TYPE | | | OR | OTHER SMALL I | |
| TOTAL CLAIMS | | | | | | | | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER | FILED | NUMB | ER EXTRA | | BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| TOTAL CHARGEABLE CLAIMS | | | minus 20= | | * | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | minus 3 = * | | | | X42= | | OR | X84= | | |
| MU | LTIPLE DEPEN | DENT CLAIM P | RESENT | | | | | +140= | | OR | +280= | |
| * If the difference in column 1 is less t | | | | zero, enter "0" in column 2 | | | L | TOTAL | | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | SMALL ENTITY | | | OTHER SMALL | | | |
| ENT A | ar representation of the second | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | . 47 | Minus | ** | 6 | 42 | > | X\$ 9= | | OR | X\$18= | |
| AME | Independent | · 73 | Minus | *** | 2 | = | [| X42= | | OR | X84= | - |
| Ĺ | FIRST PRESE | NTATION OF M | ULTIPLE DE | PENDEN | I CLAIM | |] [| +140= | | OR | +280= | |
| | | | | | | | L | TÖTAL ADDIT. FEE | | OR | TOTAL ADDIT, FEE | |
| I | | (Column 1) | | (Colu | mn 2) | (Column 3) | | | | | | |
| MENT B | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDM | Total | . 69 | Minus | ** 6 | 6 | = 3 | | X\$ 9= | | OR | X\$18= | 54 |
| AMEND | Independent | · 3 | Minus | ***/ | 1 | <u> </u> | 11 | X42= | | OR | X84= | |
| | FIRST PRESE | NTATION OF M | ULTIPLE DE | PENDEN | CLAIM | |] [| +140= | | OR | +280= | |
| | | | • | | | | L | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colu | ımn 2) | (Column 3) | | ~DDM.1 CE \ | | | 7.55111722 | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGI NUM PREVI | HEST MBER IOUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ## | | = |] [| X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | |]= | 11 | X42= | | OR | X84= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | 1 | +280= | |
| * [| f the entry in colu | mn 1 is less than t | he entry in col | umn 2, writ | te "O" in co | olumn 3. | . [| +140= TOTAL | | OR | +28U= | |
| ** | If the "Highest Nu If the "Highest Nu | mber Previously P mber Previously F nber Previously Pa | aid For IN TH | IS SPACE | is less that | an 20, enter "20 an 3, enter "3." | • | ADDIT. FEE | propriate bo | | ADDIT. FEE | L |